MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) K. (Last) Andrews

4. DATE OF DEATH (Month) July (Day) 15 (Year) 1949

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 6, 1888
9. AGE last birthday 60 yrs. If under 1 year Months 9 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Meat Produce
11. BIRTHPLACE (State or foreign country) Queen Anne County Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Martin R. Andrew
14. MOTHER'S MAIDEN NAME Catharine Faulkner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 110-10-8000
17. INFORMANT Mrs. Beulah C. Andrews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH 6 months(?)

153 Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-26-, 1949, to 7-15-, 1949, that I last saw the deceased alive on 7-14-, 1949, and that death occurred at 9 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. Cook M.D. Easton Md 7-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 18, 1949
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 7/16/49
REGISTRAR'S SIGNATURE N. H. Nevius
24. FUNERAL DIRECTOR Otis Clark
ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1949
BUREAU V. S.

07138

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Outside Easton
LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elizabeth
STREET ADDRESS (If rural, give location) N Monmouth Rd

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) Sidney (Last) AUSTIN
4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH May 26, 1884
9. AGE last birthday 65 yrs. If under 1 year Months 2 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consult. Engineer
10b. KIND OF BUSINESS OR INDUSTRY Oil Companies
11. BIRTHPLACE (State or foreign country) Poughkeepsie N.Y.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Sidney H. Austin
14. MOTHER'S MAIDEN NAME Kate Hevener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 090-07-5804
17. INFORMANT Thomas T. Harrow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Lain Whitty (Degree or title) MD ADDRESS Easton Md DATE SIGNED 7-5-49

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 7/5/49
NAME OF CEMETERY OR CREMATORY Schmidt Funeral Parlors
LOCATION (City, town, or county) Elizabeth, N.J. (State)

DATE REC'D BY LOCAL REG. 7/5/49
REGISTRAR'S SIGNATURE N. H. Neeria
24. FUNERAL DIRECTOR John J. Williams ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 11 1949
BUREAU V. S.

07139

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
LENGTH OF STAY (in this place) 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Mary (Last) Barton

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 12/27/89
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) saleslady
10b. KIND OF BUSINESS OR INDUSTRY mercantil
11. BIRTHPLACE (State or foreign country) Franklin W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John E. Mantz
14. MOTHER'S MAIDEN NAME Maggie Erick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. 212-14-4729
17. INFORMANT Mr. Byron Barton husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Kachexia

175 Antecedent cause(s)

49a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the ovaries — 1 year

(c) Carcinomatosis of the peritoneum — 3 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 25 1949
19b. MAJOR FINDINGS OF OPERATION carcinoma of the ovaries
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1949, to July 20, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 6 55 A m., from the causes and on the date stated above.

SIGNATURE Kurt Lederer (Degree or title) M.D. ADDRESS Queen Anne, Md DATE SIGNED 7/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE July 22nd 49
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) Hillsboro (State) Md.

DATE REC'D BY LOCAL REG. 7/21/49
REGISTRAR'S SIGNATURE N. H. Nerrus
24. FUNERAL DIRECTOR J. Virgil Moore & Son
ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

ECEIVED
JUL 28 1949
UREAU V. S.

mv

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07140

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) RURAL.

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) RAMSEY (Last) BORGA
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Oct. 20 1920
9. AGE last birthday 28 yrs. If under 1 year: Months 9 Days 10 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Lumberman
11. BIRTHPLACE (State or foreign country) Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME Pete Borga
14. MOTHER'S MAIDEN NAME Cecelia Martha.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) w.w.2
16. SOCIAL SECURITY No. NONE
17. INFORMANT Mrs. James Borga

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture base & vault skull	Minute
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auto accident	
	(c)	

825.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY hiway (CITY OR TOWN) nr. Easton (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 7 (Day) 30 (Year) 49c (Hour) 2:40 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis J Wetty MD (Degree or title) DME ADDRESS Easton Md DATE SIGNED 7-30-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF Aug. 1, 1949
NAME OF CEMETERY OR CREMATORY Landing Neck
LOCATION (City, town, or county) Trappe, Md. (State)
DATE REC'D BY LOCAL REG. 7/31/49
REGISTRAR'S SIGNATURE N.H. Nerrux
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md

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AUG 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07141

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct and complete as is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. | LENGTH OF STAY (in this place) 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital, Easton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emerson (Middle) Franklin (Last) Bradley

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 19 49

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: July 23 49 | 9. AGE last birthday: — yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min. 10 Hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Memorial Hosp Easton Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mr Emerson Bradley | 14. MOTHER'S MAIDEN NAME: Ruth Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT: Mr Emerson Bradley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Neonatal asphyxia

762.5 Antecedent cause(s)

109 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (8 mnths)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 19 49, to 7/23, 19 49, that I last saw the deceased alive on 7/23, 19 49, and that death occurred at 5 50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Frank M. Anderson M.D. | Federalsburg, Md. | 7/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation | DATE 7/24/49 | NAME OF CEMETERY OR CREMATORY Memorial Hospital | LOCATION (City, town, or county) Easton, Md (State)

DATE REC'D BY LOCAL REG. 7/24/49 | REGISTRAR'S SIGNATURE N.A. Nevins | 24. FUNERAL DIRECTOR | ADDRESS Memorial Hospital Easton Md

RECEIVED
AUG 5 1949
BUREAU V. S.

Evidence for addtion of #18b shown on:

FILM No. G 121 AUG 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07142

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avalon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Reba (Middle) (Last) Brooks

4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 1949

5. SEX F

6. COLOR OR RACE B

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH July 31, 1907

9. AGE last birthday 41 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Brooks

14. MOTHER'S MAIDEN NAME Lucy Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service) ?

16. SOCIAL SECURITY NO. ?

17. INFORMANT Sarah Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

239 Immediate cause (a) Therapeutic misadventure in anesthesia — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

Antecedent cause(s)

57e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) administered in preparation for abdominal

(c) section for large abdominal tumor [8/29/49 abdo]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-28, 1949, to July 7, 1949, that I last saw the deceased alive on July 7, 1949, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE James F. Wright (Degree or title) ADDRESS Easton, Md DATE SIGNED 7/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7/9/49

NAME OF CEMETERY OR CREMATORY Boyman

LOCATION (City, town, or county) Boyman (State) Md

DATE REC'D BY LOCAL REG. 7/7/49

REGISTRAR'S SIGNATURE N. H. Neerdes

24. FUNERAL DIRECTOR Leon W Henry ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07143

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
STREET ADDRESS (If rural, give location) 102 N. Hanson Street

3. NAME OF DECEASED (Type or Print): (First) D'Eve (Middle) Hennen (Last) Carruthers

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb 22 1865

9. AGE last birthday: 84 yrs.
If under 1 year: Months 4; Days 12; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New Orleans, La

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Frederick Carruthers

14. MOTHER'S MAIDEN NAME: Frances Isabel Hennen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Frederick C. Bowen, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	years
	(c) Hypertension	years

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: nu

19b. MAJOR FINDINGS OF OPERATION: nu

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): nu

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): nu m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1949, to July 4, 1949, that I last saw the deceased alive on July 4, 1949, and that death occurred at 11.30 ? m., from the causes and on the date stated above.

SIGNATURE: A. McP. Stevens (Degree or title) M.D. ADDRESS: Easton Maryland DATE SIGNED: 7-5-49

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF: July 7, 49
NAME OF CEMETERY OR CREMATORY: Fort Lincoln
LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG.: 7/6/49
REGISTRAR'S SIGNATURE: M. H. Nevers

24. FUNERAL DIRECTOR: John D. Williams ADDRESS: Easton, Md.

RECEIVED
JUL 11 1949
BUREAU V. S.

Baybutt

07144

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 37 hrs 46 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Bay (Last) Firth
4. DATE OF DEATH (Month) July (Day) 28 (Year) 1949
5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 7-26-49
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 37 Min. 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Thomson Firth Jr.
14. MOTHER'S MAIDEN NAME Nancy Suppes Burroughs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Nancy S. Burroughs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

760.0 Immediate cause (a) Subtentorial Hemorrhage c̄ extravasation

160a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) over parietal lobes. — 37 hrs 46 min.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/26, 1949, to 7/28, 1949, that I last saw the deceased alive on 7/28, 1949, and that death occurred at 4A. m., from the causes and on the date stated above.

SIGNATURE John E Baybutt (Degree or title) MD ADDRESS 214 Dover St Easton Md DATE SIGNED 8-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 7/28/49
NAME OF CEMETERY OR CREMATORY Memorial Hospital
LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REG. 7/28/49
REGISTRAR'S SIGNATURE N. H. Neiress
24. FUNERAL DIRECTOR Memorial Hospital ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 5 1949
BUREAU V. S.

07145

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 South Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 405 South Lane

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) (Last) Gibson
4. DATE OF DEATH (Month) July (Day) 12 (Year) 1949
5. SEX F
6. COLOR OR RACE Col'd
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1/10/1901
9. AGE last birthday 48 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) Easton Md
12. CITIZEN OF WHAT COUNTRY? U.S.C.
13. FATHER'S NAME Charlie Green
14. MOTHER'S MAIDEN NAME Anna Wheatley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mary Gibbs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Perforated ulcers — INTERVAL BETWEEN ONSET AND DEATH 2 days

541.1 Antecedent cause(s)

117b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Duodenal ulcers 27 days

(c) Error in diet

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1949, to July 11, 1949, that I last saw the deceased alive on July 11, 1949, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Haynard T. Webb, M.D. ADDRESS 633 Dover St. DATE SIGNED Easton, Md

23. BURIAL, CREMATION REMOVAL (Specify) DATE 7/14/49 NAME OF CEMETERY OR CREMATORY Richards Mem-Park LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REG. 7/14/49 REGISTRAR'S SIGNATURE N. H. Neerees
24. FUNERAL DIRECTOR Leon W. Henry ADDRESS 310 South St.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07146

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 20 hrs 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Green.

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: B.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 12, 1949

9. AGE last birthday: yrs. | If under 1 year: Months. | If under 24 hrs.: Days (1 day) | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Memorial Hospital Easton Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Mary Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mary Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. weight 1 lb 2 oz. 5 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12, 1949 to 7-13, 1949 that I last saw the deceased alive on 7/13, 1949, and that death occurred at 5:15 P.M. E.W.T., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. F. Buell Md Easton Md 7-14-49

23. BURIAL, CREMATION OR REMOVAL (Specify): Cremation — DATE 7/13/49 — NAME OF CEMETERY OR CREMATORY: Memorial Hospital — LOCATION (City, town, or county) (State): Easton Md

DATE REC'D BY LOCAL REG. 7/13/49 — REGISTRAR'S SIGNATURE: N. H. Nevius

24. FUNERAL DIRECTOR — ADDRESS: Memorial Hospital Easton Md

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07147

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) BENJAMIN (Middle) T (Last) HARRISON

4. DATE OF DEATH (Month) 7 - (Day) 2 - (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mch. 10, 1871
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY oyster
11. BIRTHPLACE (State or foreign country) Tilghman Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James E. Harrison
14. MOTHER'S MAIDEN NAME Matilda Edgell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Roy Harrison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage (Paralytic) — 1945

830 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25 1949, to July 2, 1949, that I last saw the deceased alive on July 1, 1949, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gwynn Reese MD. ADDRESS Tilghman Md DATE SIGNED July 2 1949

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~ DATE 7.3.49
NAME OF CEMETERY OR CREMATORY Tilghman Meth.
LOCATION (City, town, or county) Tilghman Talbot Co. (State) Md

DATE REC'D BY LOCAL REG. 7-3-49
REGISTRAR'S SIGNATURE G. H. Jackson
24. FUNERAL DIRECTOR J. Leeds Moore ADDRESS Tilghman Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1949
BUREAU [illegible]

07148

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 2dd
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 131 Dammond St.

3. NAME OF DECEASED (Type or Print): (First) Baby Boy (Middle) (Last) Jenkins

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 4-1949

9. AGE last birthday: yrs. — If under 1 year: Months. Days 2 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Easton, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman Curtis Dobson

14. MOTHER'S MAIDEN NAME: Katharine Glen Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown

16. SOCIAL SECURITY No.

17. INFORMANT: Katherine Jenkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 2days

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED Whila at Work ☐ Not Whilo At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/4, 1949, to 7/6, 1949, that I last saw the deceased alive on 7/6, 1949, and that death occurred at 6.21 P.M., from the causes and on the date stated above.

SIGNATURE: M. J. Buell — (Degree or title) MD — ADDRESS Easton Md — DATE SIGNED 7-8-49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 7/6/49 — NAME OF CEMETERY OR CREMATORY Memorial Hospital — LOCATION (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REG. 7/6/49 — REGISTRAR'S SIGNATURE H. A. Meires

24. FUNERAL DIRECTOR — ADDRESS Memorial Hospital, Easton Md

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07149

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman, Md. | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) F. (Last) JONES

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 4, 1875

9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Talbot County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert E. Ball, Talbot Co., Md.

14. MOTHER'S MAIDEN NAME: Fannie Haddaway, Talbot Co., Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 214-28-2044

17. INFORMANT: Wilmer Jones, 103 Rose Ave., Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

931.9
A1

Immediate cause (a) HEAT PROSTRATION — Interval between onset and death: 20 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) NOT KNOWN - D. O. A.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D.O.A., 19....., to JULY 7, 1949, that I last saw the deceased alive on D.O.A., 19....., and that death occurred at 3:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arthur V. McLellan MD — ADDRESS: St. Michaels, Maryland — DATE SIGNED: 7-7-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 9, 1949 | NAME OF CEMETERY OR CREMATORY: Bozman Church Cemetery | LOCATION (City, town or county) (State): Bozman, Maryland

DATE REC'D BY LOCAL REG.: July 8, 49 | REGISTRAR'S SIGNATURE: Mrs Robt. L. Seth

24. FUNERAL DIRECTOR: Newnam & Harrison | ADDRESS: St. Michaels, Md

VS. A15

RECEIVED
JUL 11 1949
BUREAU V. S.

07150

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Jones.
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6-8-19
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry T. Jones
14. MOTHER'S MAIDEN NAME Ethel Snively
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Henry T. Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Laceration of brain - severe - due

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to auto accident

825.5

170c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Pinway (CITY OR TOWN) Cabin Creek (COUNTY) Dorchester (STATE) Md
TIME OF INJURY (Month) July (Day) 4 (Year) 49 (Hour) 6 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Auto. accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Whitty (Degree or title) MD ADDRESS Easton Md DATE SIGNED 7-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/7/49
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 7/5/49
REGISTRAR'S SIGNATURE N. H. Neerius
24. FUNERAL DIRECTOR Carl W. Stafford ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07151

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norfolk
STREET ADDRESS (If rural, give location) 1061 Calvert St.

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) Jones (Last)

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: About 1896 | 9. AGE last birthday: 53 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): maid | 10b. KIND OF BUSINESS OR INDUSTRY. | 11. BIRTHPLACE (State or foreign country): Massachusetts | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John O. Reddick | 14. MOTHER'S MAIDEN NAME: Fannie Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 231-05-9893 | 17. INFORMANT Chas. Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Endocarditis	6 mo.
Antecedent cause(s) 590		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 130	(b) Acute Nephritis	3 mo.
	(c) Extreme Exposure & Weather	4 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Stated

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to July 8, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Maynard T. Pratt, M.D. Md 7/9/49

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE 7/9/49 | NAME OF CEMETERY OR CREMATORY Norfolk Va | LOCATION (City, town, or county) (State) Norfolk Va

DATE REC'D BY LOCAL REG. 7/9/49 | REGISTRAR'S SIGNATURE M. H. Merrick | 24. FUNERAL DIRECTOR Leon W. Henry | ADDRESS Easton Md

VS. A15

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

TN 07152

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. LENGTH OF STAY (in this place) 27 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hammond (Middle) W. (Last) McAllen
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 20, 1889
9. AGE last birthday 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr John McAllen
14. MOTHER'S MAIDEN NAME Virginia Pusey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Grace McAllen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure - due to coronary arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 29 days

420.1 Antecedent cause(s)

186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, neck, left femur

19a. DATE OF OPERATION 29 June 49
19b. MAJOR FINDINGS OF OPERATION Fracture, neck, left femur
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Fall
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Hurlock (COUNTY) Dorchester (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 20 (Year) 49 (Hour) 12 Noon
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Pt. fell at work

22. I hereby certify that I attended the deceased from June 22, 1949, to July 17, 1949, that I last saw the deceased alive on July 16, 1949, and that death occurred at 2 1/2 a.m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS 214 E. Dover St. Easton, Maryland DATE SIGNED 18 July 49

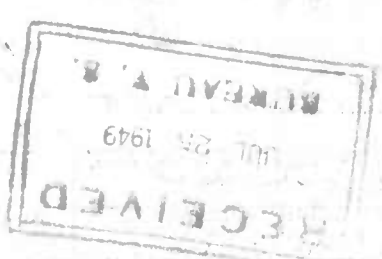
23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE July 19 1949 NAME OF CEMETERY OR CREMATORY East New Market LOCATION (City, town, or county) East New Market (State) Md

DATE REC'D BY LOCAL REG. 7/18/49 REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR F.B. Willoughby ADDRESS Hurlock

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07153

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital. MARYLAND. LENGTH OF STAY (in this place) Mos.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Maggie (Middle) Mills (Last)

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 19 49

5. SEX: F

6. COLOR OR RACE: B

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug 24, 1889

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HW.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levin Comber

14. MOTHER'S MAIDEN NAME: Margaret Trippe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Doris Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Myeloma — Interval Between Onset and Death: 1 yr.

203 55e

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6 49, to 7-26 49, that I last saw the deceased alive on 7-25, 1949 and that death occurred at 4 45 A EDA m., from the causes and on the date stated above.

SIGNATURE: M.T. Buell (Degree or title) Md ADDRESS Easton Md DATE SIGNED 7-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/29/49 — NAME OF CEMETERY OR CREMATORY: Odd Fellows — LOCATION (City, town, or county): Oxford (State): Md

DATE REC'D BY LOCAL REG.: 7/27/49 — REGISTRAR'S SIGNATURE: N.T. Nevins

24. FUNERAL DIRECTOR: John D. Williams ADDRESS: Easton Md.

RECEIVED
AUG 3 1949
BUREAU V. S.

07154

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OXFORD
LENGTH OF STAY (in this place) 25 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OXFORD
STREET ADDRESS (If rural, give location) Movies

3. NAME OF DECEASED (Type or Print) (First) WILLIAM SPRY (Middle) DENNY (Last) NEWNAM

4. DATE OF DEATH (Month) JULY (Day) 21 (Year) 1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH SEPT. 25, 1878
9. AGE last birthday 70 yrs. If under 1 year: Months 9, Days 26; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY GROCERY STORE
11. BIRTHPLACE (State or foreign country) BELLEVUE MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOSEPH H. NEWNAM
14. MOTHER'S MAIDEN NAME MARY PARSONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY No. 215-20-2124
17. INFORMANT AND ADDRESS JOSEPH SPRY NEWNAM, EASTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Myocardial infarction, due to Coronary Thrombosis

94a Antecedent cause(s) (b) Coronary arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1946, to 21 July, 1949, that I last saw the deceased alive on 20 July, 1949, and that death occurred at 4:50 P m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 22 July 49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 7/25/49
NAME OF CEMETERY OR CREMATORY SPRINGHILL CEMETERY
LOCATION (City, town, or county) (State) EASTON, MARYLAND

DATE REC'D BY LOCAL REG. 7/23/49
REGISTRAR'S SIGNATURE N. H. Neeves
24. FUNERAL DIRECTOR JOHN D. WILLIAMS, ADDRESS EASTON, MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 28 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07155

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Harrison St. Oman Apt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location) S. Harrison St. Oman Apt.

3. NAME OF DECEASED (Type or Print): (First) C. (Middle) BAYNARD (Last) NICOLS

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: (Month) about (Day) (Year) 1876

9. AGE last birthday: 73? yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles C. Nicols

14. MOTHER'S MAIDEN NAME: Annie Larrimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 488-07-1529

17. INFORMANT: Family records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval: Instant

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

940a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify ~~that I attended the deceased~~ from Body found 9 am 8-1-49, 19..., to 9 am, 8-1-49, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred 9 / A ... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Mertz	M.D.	Easton Md	8-1-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 3, 1949	Spring Hill	Easton,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/2/49	M.D. Nesbit	R. Ellis Clark	Easton, Md.

VS. A15

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07156

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (In this place) 90 d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location) Denton. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sally	✓	O'Day	July	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH (Month) (Day) (Year)	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W.	married	about 1896	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
H.W.		Tuckahoe Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Voss	Lydia Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Stuart O'Day

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Diarrhoea	a week.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cause assumed to be Endemic Viral. 571.1 120a	
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
Paul Watts	MD	Denton	Md	7/15/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	7/15/49	Concord	Denton, Md R.F.D.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/14/49	M.A. Nevins	Adams & Williamson	Federalsburg Md

VS. A15A

RECEIVED
JUL 25 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07157

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place) 14 da	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp. Inc	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Emma	Parris	7	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		Dec 24 1866	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Parris	Rebecca Starr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs Irene Harden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	4 days
491 Antecedent cause(s)		
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1 July, 1949, to 18 July, 1949, that I last saw the deceased alive on 18 July, 1949, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas Harris	M.D.	Easton	July 20 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	7/20/49	Sudlersville	Sudlersville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/19/49	T. A. Nevins	John A. Williams per. W. Thompson Easton Md.	

VS. A15

RECEIVED
JUL 25 1949
BUREAU V. R.

07158

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Maryland
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Easton, Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton - R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ford (Middle) (Last) Rochelle
4. DATE OF DEATH (Month) July (Day) 14 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED
8. DATE OF BIRTH Oct 3, 1897
9. AGE last birthday 51 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ford Rochelle
14. MOTHER'S MAIDEN NAME Margaret Titus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ~~Unknown~~ World War I
16. SOCIAL SECURITY NO.
17. INFORMANT Miss Marian Rochelle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
521	Immediate cause	(a) Asphyxia	1 hr.
	Antecedent cause(s)		
114d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Spontaneous pneumothorax	48 hr.
		(c) Lung abscesses	4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to July, 1949, that I last saw the deceased alive on July 14, 1949, and that death occurred at 10.30 P.M., from the causes and on the date stated above.

SIGNATURE M. V. Palmer (Degree or title) M. D. ADDRESS Easton, Maryland DATE SIGNED 7/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/16/49
NAME OF CEMETERY OR CREMATORY Pleasant Hill
LOCATION (City, town, or county) Chester (State) N.J.

DATE REC'D BY LOCAL REG. 7/15/49
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07159

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOVER ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
STREET ADDRESS (If rural, give location) DOVER ST.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) WASHINGTON (Last) SEWELL

4. DATE OF DEATH (Month) JULY (Day) 29 (Year) 1949

5. SEX MALE
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH NOV. 27 1883
9. AGE last birthday 65 yrs. If under 1 year: Months 8, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY LABORER
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm BANTUM
14. MOTHER'S MAIDEN NAME GEORGENNIA BANTUM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. 216-18-2852
17. INFORMANT AND ADDRESS HENRIETTA SEWELL, EASTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
334	Immediate cause	(a) Right Hemiplegia	10 days
83d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gen Art Sd	yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1948, to 7-29, 1949, that I last saw the deceased alive on 7-29, 1949, and that death occurred at 2 00 p m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [signature] ADDRESS Easton Md DATE SIGNED 7-30-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE AUG. 1 - '49
NAME OF CEMETERY OR CREMATORY RICHARDS CEMETERY
LOCATION (City, town, or county) EASTON, MD. (State)

DATE REC'D BY LOCAL REG. 7/31/49
REGISTRAR'S SIGNATURE N. H. Newnes
24. FUNERAL DIRECTOR JOHN D. WILLIAMS, ADDRESS EASTON, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
AUG 5 1949
BUREAU V. S.

Dr. Cox
071618

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH· COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 3 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 South St.	STREET ADDRESS (If rural give location) 2 South St.

3. NAME OF DECEASED (Type or Print)	(First) Albert	(Middle) Howard	(Last) Shannahan	4. DATE OF DEATH	(Month) July	(Day) 13	(Year) 1949
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH April 23, 1871	9. AGE last birthday 78 yrs.	If under 1 year Months 2	Days 20	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Talbot, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME William John Shannahan	14. MOTHER'S MAIDEN NAME Mary Eaton						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs Byron Elliott					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	1 day
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Coronary Disease	3 yrs.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to 7-13-, 1949, that I last saw the deceased alive on 7-12-, 1949, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
B. Cox	Mo D.	Easton Md	7-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7/15/49	NAME OF CEMETERY OR CREMATORY Spring Hill	LOCATION (City, town, or county) Easton	(State) Md
DATE REC'D BY LOCAL REG. 7/14/49	REGISTRAR'S SIGNATURE N. H. Nelrius	24. FUNERAL DIRECTOR [signature]	ADDRESS Easton Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1943
LIBRARY, U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07161

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
LENGTH OF STAY (In this place) 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Shores

4. DATE OF DEATH (Month) July (Day) 31 (Year) 1949

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH (Month, Day, Year) May 8, 1892 | 9. AGE Last birthday 57 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr Theodore Shores | 14. MOTHER'S MAIDEN NAME Lottie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs Flossie Shores

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 hrs.

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to July 31, 1949, that I last saw the deceased alive on July 31, 1949, and that death occurred at 12 45 P.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Martin F. Buell | M.D. | 405 Washington St Easton Md | 7-31-49

23. BURIAL, CREMATION REMOVAL (Specify) Buried | DATE THEREOF August 2 | NAME OF CEMETERY OR CREMATORY St. Michaels | LOCATION (City, town, or county) St. Michaels | (State) Md.

DATE REC'D BY LOCAL REG. 8/1/49 | REGISTRAR'S SIGNATURE N. B. Meeres | 24. FUNERAL DIRECTOR Newnam & Harrison | ADDRESS St. Michaels Md.

VS. A15

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07162

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp. Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) May (Last) Skinner
4. DATE OF DEATH (Month) 7 (Day) 16 (Year) 1949
5. SEX Female
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, ~~(Specify)~~ Widowed
8. DATE OF BIRTH 8/5/78
9. AGE last birthday 70 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) Centreville Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr David Green
14. MOTHER'S MAIDEN NAME Annie Boyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Mildred Gunther.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) apoplexy — 3 days

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) H. C. V D — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13, 1949, to 7-16, 1949 that I last saw the deceased alive on 7-15, 1949 and that death occurred at 8 40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P. J. Cox Inc D. Easton Md 7-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE 7/19/49
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Md

DATE REC'D BY LOCAL REG. 7/17/49
REGISTRAR'S SIGNATURE N. H. Nevius
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1949
BUREAU V. S.

6/21/49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11763

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
MARYLAND
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henderson Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) (Last) Smith

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12/17/93

9. AGE last birthday: 55 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Queenanne County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Oliver Woodleyland

14. MOTHER'S MAIDEN NAME: Elmira Mullikin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs Fletcher Smith.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Liver

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Abdominal

(c)

INTERVAL BETWEEN ONSET AND DEATH

199.1

55e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: C.a. L. femoral abd.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21, 1949, to 7-21, 1949, that I last saw the deceased alive on 7/20, 1949, and that death occurred at 6 10 a EDT m., from the causes and on the date stated above.

SIGNATURE W. E. Palmer (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 7/24/49
NAME OF CEMETERY OR CREMATORY: Greensboro
LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG. 7/21/49
REGISTRAR'S SIGNATURE: M. H. Nevins
24. FUNERAL DIRECTOR: C. B. Rawlings
ADDRESS: Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29 1969

07164

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Penna Railroad

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) (Last) SMITH

4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 1949

5. SEX M.

6. COLOR OR RACE Col'd

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 1910

9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Laborer

11. BIRTHPLACE (State or foreign country) Easton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Lydia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 154-05-4701

17. INFORMANT Mrs Lillie Mae Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Decapitation etc

802.8

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Run over by RR train

169

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) RR (CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md

TIME OF INJURY (Month) 7 (Day) 26 (Year) 49 (Hour) ? 7 A m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? ? fell between cars onto track

22. I hereby certify that I attended the ~~deceased from~~....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Louis Whitty MD (Degree or title) DME ADDRESS Easton Md DATE SIGNED 7-27-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial

DATE THEREOF 7/29/49

NAME OF CEMETERY OR CREMATORY Potterfield

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 7/28/49

REGISTRAR'S SIGNATURE N H Nearus

24. FUNERAL DIRECTOR Leon W. Henry ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
AUG 3 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07165

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue; LENGTH OF STAY (In this place) Entire Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Harris (Last) Valliant

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 14, 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months 6 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Canner

11. BIRTHPLACE (State or foreign country): Talbot Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Samuel R. Valliant

14. MOTHER'S MAIDEN NAME: Sarah Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: William H. Valliant Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy — 334

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 830

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Cooditioos cootributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 July, 1949, to 11 July, 1949, that I last saw the deceased alive on 11 July, 1949, and that death occurred at 8 P m., from the causes and on the date stated above. 7/13/49

SIGNATURE O. L. Perkins (Degree or title) MD ADDRESS Royal Oak Talbot Co. Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 7/14/49

NAME OF CEMETERY OR CREMATORY Spring Hill

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. July 13, 49

REGISTRAR'S SIGNATURE Mrs Robt R. Seth

24. FUNERAL DIRECTOR Newnam & Harrison

ADDRESS St. Michaels, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1949
BUREAU V. S.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07166

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Marietta (Middle) N. (Last) Weeks

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1949

5. SEX Female

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept. 7 1855

9. AGE last birthday 93 yrs. If under 1 year Months Dnys If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wicomico County Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Milton A. Parsons

14. MOTHER'S MAIDEN NAME Caroline Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Frank Kemp. Trappe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypernephroma of right Kidney — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

180 Antecedent cause(s)

52a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio Sclerosis — 15 yrs?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 26 1949, to July, 1949, that I last saw the deceased alive on July 25th, 1949, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE William S. Seymour M.D. (Degree or title) ADDRESS Trappe Md. DATE SIGNED 7/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE July 27 1949 NAME OF CEMETERY OR CREMATORY Oxford Cemetery LOCATION (City, town, or county) Oxford (State) Maryland

DATE REC'D BY LOCAL REG. 7/26/49 REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR Elie Cook ADDRESS Easton Md

RECEIVED
AUG 3 1949
BUREAU V. S.